

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/827,511
Filing Date	04-19-2004
First Named Inventor	Peter Van Horn et al.
Art Unit	3618
Examiner Name	James A. Shriver II
Attorney Docket Number	070305np

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

35501

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

35501

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Franklin Ray McCarty

Date

04/14/07

Telephone

812-877-6203

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of -2- forms are submitted.

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**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Peter Van Horn

Date

4/14/07

Telephone

212.232.5774

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